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SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

2LI	EASE TYPE (Form designed for use on elite (1	2-pitch) typewriter.)	EPA Form 8700-2	2 (Rev. 6-89)	Form App	•	2050-0039, Expires 9-30-94			
	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA	790 1	Manifest Document No.	2. Page 1	required by Fed Illinois law.	the shaded areas is not deral law, but is required by			
	3. Generator's Name and Mailing Address USEPA ROSOL V 77 W. Jackson HSE-53 Chicago IL COLOH 4. '24 HOUR EMERGENCY AND SPILL ASSIS	S t.	Sant Ladfill Chir County Sound IX 2-253-23	•		8612 8	7 FEE PAID IF APPLICABLE			
	5. Transporter 1 Company Name Truckye Co., Inc. 7. Transporter 2 Company Name	6.	US EPA ID Num	nber	C. Illinois Tra	41-8206	Transporter's Phone			
		__			F. ()		Transporter's Phone			
	9. Designated Eacility Name and Site Address Environment of Ideno 102 was NW Hry 78 Might Base Poul Found Have	10.	US EPA ID Num		G. Illinois Facility's ID H. Facility's F	Phone				
	Muk Base Rod Frank View ID IDDO73114654 (800) 274-15K 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers 13. 14.									
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E N E	* R.Q., Polychlornoted Bipha ERE#31	yls, UN2315,	PEIL	001	C.MOIOI	0/37	X X			
R A	b.						EPA HW Number X X Authorization Number			
T O R	c.						X X Authorization Number			
	d.						EPA HW Number X X Authorization Number			
	J. Additional Description for Materials Listed Ab				K. Handling (In Item #1	Codes for Was	stes Listed Above			
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	GENERATOR'S CERTIFICATION: I hereby dec proper shipping name and are classified, packe according to applicable international and nation	d, marked, and labeled, ar	is consignment are fund are in all respects	ully and accurate in proper condit	ely described al ion for transpor	bove by t by highway	\$ RAIL			
	If I am a large quantity generator, I certify that be economically practicable and that I have sele and future threat to human health and the envir select the best waste management method that	cted the practicable metho onment; OR , if I am a small	d of treatment, storac I quantity generator, I	ge, or disposal ci	urrently availab	le to me which	minimizes the present			
₩.	Danuel F. Borries U	SEAL OSC	Signature	DIR			Month Day Year			
Ţ	17. Transporter 1 Acknowledgement of Receipt		-amus	7.7.			Date			
RANSPORT	Printed/Typed Name	4	Signature				Month Day Year			
S P O	18. Transporter 2 Acknowledgement of Receipt	of Materials		400			_83			
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Ĺ	20. Facility Owner or Operator: Certification of r	$\mathcal{F} = \mathcal{F}$	7/07/	s manifest exce	ept as noted in	Mark n item 19.	Date			
Y	Amber Sloan for	or ESI	Signature	ev x	lloc	n	Month Day Year			
ţ,	his Agency is authorized to require, pursuant to Illinois Re- his information may result in a civil penalty against the ov- er day of violation and imprisonment up to 5 years. This form has to	vner or operator not to excee	d \$25,000 per day of	nd 1021, that this violation. Falsificati	information be s on of this inform	submitted to the lation may result	Agency Failure to provide in a fine up to \$50,000			

The Illinois Uniform Manifest must be used for all shipments of special waste (hazardous and nonhazardous) stored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part 1 should be used.

INSTRUCTIONS TO GENERATORS (Please type)

- Enter generator's USEPA twelve digit identification number and the unique five digit document number assigned to this Manifest (eg. 00001) by the generator.
- 2. Enter total number of pages comprising this Manifest.
- 3. Enter generator's name and mailing address. If location of waste generation is different from mailing address, enter location to the right of mailing address.
- 4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
- B. Enter the generator's Illinois EPA ten digit identification number.
- 5,6,C,D. For the first transporter who will transport the waste, enter the company name, US EPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
- 7,8,E,F. If applicable, enter the information requested for the second transporter who will transport the waste.
- 9,10,G,H. For the facility designated to receive the waste, enter company name, address, US EPA ID number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.
- 11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT."
- 12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container:

CM = Metal boxes or roll-offs DM = Metal drums
CW = Wooden boxes DW = Wooden drums

CF = Fiberboard or plastic bags DF = Fiberboard or plastic drums

BA = Burlap, cloth, paper or plastic bags

DT = Dump trucks

TC = Tank cars

CY = Cylinders

TT = Tank trucks

TP = Tanks portable

- 13. Enter the total quantity (gallons or cubic yards) of each waste.
- 14. Enter G if quantity is in gallons or Y if quantity is in cubic yards. No other unit is to be used. To track weight if desired, enter pounds, tons or kilograms in Section J.
- I. Enter the EPA 4 digit Hazardous Waste Number: if waste is a mixture of listed and characteristic wastes, the listed waste must be entered other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out of Illinois).
- J,K. If needed, enter additional description or information/instructions for the material listed in item 11.
- 15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments, generators must enter the point of departure (City and State) for shipments destined for treatment storage, or disposal outside the jurisdiction of the United States in this space.
- 16. The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to highway is used, enter the appropriate additional mode.

GENERATOR: RETAIN COPY 6 AND MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT

INSTRUCTIONS TO TRANSPORTER: 17,18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

UPON DELIVERY OF WASTE TO FACILITY, retain copy 4 and leave remaining copies with the facility owner/operator.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

- 19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
- 20. Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste by signing and entering the date of receipt.

Retain copy 3, send copy 1 to the generator, and send copy 2 to Illinois EPA (within 30 days of the delivery).

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U. S. Environmental Protection Agency, 401 M Street SW., Washington, DC 20480; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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	(Continuation Sheet) 23. Generator's Name	ILD000605790 010			ZoZZ law.					
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24. Transporter 3 Company Name 25. US EPA ID Number N. State Transporter's F 26. Transporter Company Name 27. US EPA ID Number P. State Transporter's P. State								ter's ID		
П				Q. Transporter's Phone						
	28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID I			ID Number)	29. Conta	iners	30. Total	31. Unit	R. Waste No.	
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ENVIROSAFE SERVICES OF IDAHO, INC. P.O. BOX 16217
BOISE, IDAHO 83715-6217
EPA ID: IDD073114654

04/21/95

USEPA/SAUGET LANDFILL ST. CLAIR COUNTY

Corrected date

SAUGET IL

CERTIFICATE OF DISPOSAL

THE FOLLOWING WASTE RECEIVED ON UNIFORM HAZARDOUS WASTE MANIFEST NO. 010 / IL6586127 WAS DISPOSED BY LANDFILLING IN AN APPROVED TSCA LANDFILL BY ENVIROSAFE SERVICES OF IDAHO, INC., EPA ID# IDD073114654 ON THE FOLLOWING DATES:

MATERIAL

DATE DISPOSED

MANIFEST ITEM

1 PCB BULK SOLID-REGULAR

04/14/95

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UNDER CIVIL AND CRIMINAL PENALITIES OF LAW FOR MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS [18 U.S.C. 1001 AND 15 U.S.C 2615], I CERTIFY THAT THE INFORMATION CONTAINED IN OR ACCOMPANYING THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE. AS TO THE IDENTIFIED SECTION(S) OF THIS DOCUMENT FOR WHICH I CANNOT PERSONALLY VERIFY TRUTH AND ACCURACY, I CERTIFY AS THE COMPANY OFFICIAL HAVING SUPERVISORY RESPONSIBILTY FOR THE PERSONS WHO, ACTING UNDER MY DIRECT INSTRUCTIONS, MADE THE VERIFICATION THAT THIS INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME: LYNN LAWSON

SIGNATURE THE TRUBBLE

TITLE: RECEIVING SUPERVISOR

REFERENCE NO: 95103009

BROKER: RIEDEL/SMITH ENVIRONMENTAL SERVICES